



1550 Front Rd.  
LaSalle Ontario  
N9J 2B6

Child's Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Term. Date: \_\_\_\_\_

PROGRAM:  Infant Room (3-16 mths)

Toddler Room (16-36 mths)

Casa Room ( 3-6 years)  
Must be potty trained

Registration is based on FULL TIME ATTENDANCE (5 Full days Mondays-Fridays)

5 Full Days (9am-4:00pm)

5 Full Days Ext. (up to 10 hours)

Hours Required Drop Off: \_\_\_\_\_ Pick Up: \_\_\_\_\_

## SCHOOL AGE ~ BUSSING PROGRAM

Name of Grade School \_\_\_\_\_ Bus # \_\_\_\_\_

Before & After School Supervision ONLY

### MONDAY - FRIDAY

Parent Drop Off (am): \_\_\_\_\_

Bus Pick Up Time(am): \_\_\_\_\_

Parent Pick Up (pm): \_\_\_\_\_

Bus Drop off Time (pm): \_\_\_\_\_



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Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Home Address (Inc. Postal Code)

Parent's Address (if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

\_\_\_\_\_

**Mother/Guardian**

**Father/Guardian**

Last Name: \_\_\_\_\_

\_\_\_\_\_

First Name: \_\_\_\_\_

\_\_\_\_\_

Employer's  
Name: \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

**Custody Arrangements (if applicable)**

Are these custody arrangements pertaining to legal right of access to your child? **YES NO**

If **YES**, please provide a copy of the appropriate legal documentation (eg., court order)



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## Emergency Contacts

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Authorized to pick-up child

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Authorized to pick-up child

## Pick Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identity before child will be released)

Name & Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Health Information

**Does your child have any medical needs/ special needs/ behavioural concerns that requires additional support (e.g., Diabetes, febral seizures, developmental delay, speech delay, Autism, ADHD etc.)**

YES  NO

If yes, please specify:

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If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of



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## Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts etc)

YES  NO

If yes, an individual plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substances ex. latex)?  YES  NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

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## Dietary Requirements - If any dietary restrictions, please note you must bring in your child's lunch daily

Please list any dietary requirements/restrictions(e.g., vegetarian, gluten-free etc.)

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## Immunization Record

Please provide a copy of your child's immunization record (yellow card) to the centre prior to your child's first day. **PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S IMMUNIZATION RECORD**

If you have chosen not to immunize your child, a **Statement of Medical Exemption** form or **Statement of Conscious or Religious Belief** form must be completed, **notorized** and provided to the centre. These forms are available on the Ministry of Education's website.





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## Health Information

If your child has had any history of communicable diseases (e.g. chicken pox, measles etc.) please list them below.

Does your child have any medical need(s) that requires additional support (e.g. Diabetes, ADHD)?

YES  NO

If yes, an individual plan for children with medical needs must be developed between the parent and the child care centre prior to the child's start date.

## Sleep Arrangements

Does your child nap?  YES  NO

If yes, how long does your child usually nap? \_\_\_\_\_

## Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., prone to colds, frequent shoulder dislocations etc. )

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)



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## EMERGENCY TREATMENT

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY TREATMENT

In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of:

\_\_\_\_\_  
Name of Student - Please Print

In the event that I cannot be reached, I hereby give permission to the physician selected by Montessori Early Years to hospitalize and/or secure proper treatment for my child.

Signature of Parent/Guardian: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**ATTACH COPY OF HEALTH CARD:**

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MONTESSORI EARLY YEARS

## Participation Agreement

*to email and publish my child's work, photographs or videos via HiMama*

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form you grant permission for Montessori Early Years to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree **not** to share photos or video of any child, other than your own, outside the Program (All **Social Media Sites**). It is your responsibility to inform those who are under your HiMama profile and/or come in contact with the pictures about this. In the case that you do not adhere to these terms Montessori Early Years will immediately **terminate** your profile with HiMama.

To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

**My Child's Name:** \_\_\_\_\_

**My Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address #1:** \_\_\_\_\_

**Email Address #2:** \_\_\_\_\_

**MEY Staff Initials:** \_\_\_\_\_



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Please complete the Pre-Authorized Debit (PAD) Plan agreement below

I/We authorize Montessori Early Years, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our \_\_\_\_\_ (name of child) account. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1<sup>st</sup> day of each month. Montessori Early Years, will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Montessori Early Years, has received written notice from me/us of its change or termination. This notification must be received at least 30 business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I /we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

PLEASE PRINT

DATE: \_\_\_\_\_

Name(s): \_\_\_\_\_  
(Parents first & last name)

MEMBERSHIP ACCOUNT NAME: \_\_\_\_\_ Type of Service ~ Personal:  Business:   
Name of Child

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: **Ontario**

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_  
(branch # - 5 digits); FI # - 3 digits)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

CONTACT:  
Montessori Early Years  
1550 Front Rd.  
LaSalle, Ontario  
N9J 2B6  
519-978-2600



# IMMUNIZATION FORM FOR REGISTRANTS OF CHILDCARE CENTRES

Dear Custodial Parent or Legal Guardian,

Under the Child Care and Early Years Act (CCEYA), Section 35 (1) of O. Reg. 137/2015 all children who attend a childcare centre must be vaccinated according to Ontario's Publicly Funded Immunization Schedule. Licensed childcare centre operators must keep an up-to-date copy of the immunization record for each child registered at their centre. The Windsor-Essex County Health Unit is required by law to review immunization records of all children enrolled in licensed childcare centres in Windsor and Essex County. You may be contacted for more information on your child's record.

Exemptions to the CCEYA are for religious or conscience reasons (with a notarized affidavit) or medical reasons certified by a Health Care Provider. For more information, call the Windsor-Essex County Health Unit, Immunization Department at 519-258-2146, ext. 1222.

Please attach a photocopy of your child's immunization record to this form and return to their childcare centre.

## CHILDCARE CENTRE INFORMATION

Montessori Early Years Inc

WE - 177

Childcare Centre Name (full name)

Address

## CHILD INFORMATION

Legal Last Name

Legal First Name

Middle Name

Gender:  Male  Female  Prefer not to answer

Date of Birth (yyyy/mm/dd)

Home Address

Apartment #

City/Town

Postal Code

Health Card Number (10 digit number only)

Name (as shown on card)

Country of Origin/Birth

Primary Health Care Provider

## CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

Name of Custodial Parent/Legal Guardian

Relationship

Primary Phone Number

Other Phone Number

Name of Custodial Parent/Legal Guardian

Relationship

Primary Phone Number

Other Phone Number

Custodial Parent/Legal Guardian Signature

Date (yyyy/mm/dd)

By signing this form, I attest that I am the custodial guardian, and that the information being submitted is complete and accurate.

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act, 2004 (PHIPA). Information is collected under the Health Protection and Promotion Act for the purpose of delivering Windsor-Essex County Health Unit (WECHU) programs and services, and may be used for evaluation or statistical/research purposes. You have the right to view and correct this information or withhold or revoke your consent. If you have any questions about our policy, please contact the WECHU's Privacy Officer at [privacy@wechu.org](mailto:privacy@wechu.org) or 519-258-2146.



**Parent Contract**

Please fill in and return with re-registration form  
Please check (✓) each after reading

- I have read and understand all of The Montessori Early Years Inc. Policies and Parent handbook including CWELCC guidelines etc: **available on the website.**

**Pre-Authorized Debit**

- Payment to M.E.Y will be done on Pre-Authorized Debit. Please fill out/sign the Agreement form attached to the parent contract and **submit before the start date.** I understand that the payment will be posted for the 1<sup>st</sup> of every month, and if starting in the middle of the month the first payment will be pro-rated and taken out on the start date.
- I understand that if there are extra services (not entitled to CWELCC rates), an invoice will be sent out and MEY will bill through the PAD.
- I will pay the **\$75.00 registration fee/year** on the first day of enrollment, this fee will be added to your first tuition payment. This registration fee is NON-REFUNDABLE in whole or in part.
- Any time taken off during the school year for vacation or other reasons **is non-refundable.**
- All termination dates must be received 30 days in advanced.
- My child will be in attendance on the days previously checked on my registration form. I also understand that if my child misses his/her scheduled day, make up days will **not** be available.
- I will not send my child to school if she/he is ill.** E.g.: Fever, Infectious diseases, vomiting, diarrhea , if they are too ill to participate in outdoor activities, or has a contagious illness. I also understand that my child must be fever free, diarrhea free and/or vomit free for **24 hours** before returning to school.
- If my child becomes ill at any time throughout the day at the school, I will come and pick him/her up immediately, or an alternative will.
- I have signed and returned the Lillio (HiMama) agreement; I understand that this is MEY’s primary form of communication. If you decline the agreement, the onus will exclusively rely on the parent to obtain all school information.
- I understand that without this parent contract my registration will be null and void. This is a legal document.

Parent Name: (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

School Administrator (Please Print) \_\_\_\_\_

Administrator’s Signature \_\_\_\_\_

Date \_\_\_\_\_



## Your Child's Immunization Record: Information for Families

Vaccines help keep children healthy by preventing the spread of serious illnesses in our community. Children attending a licensed childcare centre (e.g., daycare) or going to school in Ontario should get vaccinated based on the Publicly Funded Immunization Schedules.

### Why Track Your Child's Immunizations?

- Needed when registering for childcare.
- Needed to attend elementary and secondary school in Ontario.
- May be needed when registering for summer camp and/or after school programs.
- May be needed when travelling.

### Ways to Track Your Child's Immunizations

- Using Ontario's secure online system. Visit [immune.wechu.org](https://immune.wechu.org)
- Have your health care provider update your child's yellow Personal Immunization Record.
- Request a copy of your child's immunization history from your health care provider.

**PUBLICLY FUNDED IMMUNIZATION SCHEDULES FOR ONTARIO STUDENTS (JUNE 2022)**

Age at vaccination	Diphtheria	Tetanus	Perthussis	Polio (IPV)	Haemophilus influenzae type b	Pneumo-conjugate-13	Rotavirus	Measles	Mumps	Rubella	Men-conjugate-C	Men-conjugate-ACYW	Varicella	Hepatitis B	Human Papillomavirus	Influenza (flu)
2 months	*	*	*	*	*	o	o									
4 months	*	*	*	*	*	o	o									
6 months	*	*	*	*	*											
12 months						o		*	*	*	*					
15 months													*			
18 months	*	*	*	*	*								*			
4-6 yrs	*	*	*	*	*			*	*	*			*			
12 yrs (Gr. 7)												*		o	o	
14-16 yrs	*	*	*													o

\* Required to attend school. o Highly recommended.

o Every year in the fall.

### Requirements for Custodial Parents and Legal Guardians

The Child Care and Early Years Act (CCEYA) is a law in Ontario that requires childcare centres to collect a child's immunization information or a valid exemption at registration. Custodial parents and legal guardians are responsible for keeping their child's immunizations up to date and providing this information to the childcare centre.

The Immunization of School Pupils Act (ISPA) is a law in Ontario that requires children attending elementary and secondary school to be immunized against 9 infectious diseases or have a valid exemption. The ISPA also requires custodial parents and legal guardians with children attending school to report immunizations to their local Public Health Unit. Convenient ways to report updated immunization information are provided on the next page. Note, health care providers are not required to report immunization information to Public Health Units.



## The Role of Public Health Units in Ontario

In Ontario, the ISPA requires Public Health Units (PHU) to document and review the immunization records of children attending licensed childcare centres and schools to ensure they are up to date. PHU staff do this by working with local licensed childcare centre and school staff, health care providers, and families. Together, this work helps keep children and the public protected from vaccine-preventable illnesses and helps PHU staff prevent and manage disease outbreaks in our community.

Every school year, the Windsor-Essex County Health Unit (WECHU) reviews the immunization information they have on file for elementary and secondary school students in our region. Families of students found to have incomplete immunization information are contacted.

The WECHU is your local Public Health Unit. Learn more about the WECHU's work by visiting [www.wechu.org/your-health/immunization](http://www.wechu.org/your-health/immunization)

### Ways to Report Immunization Information to the WECHU

- Submit information securely online by visiting [immune.wechu.org](http://immune.wechu.org)
- Phone: 519-258-2146, ext. 1222 or toll free 1-800-265-5822 ext. 1222
- Fax: 519-258-7288
- Visit the Healthy Schools Immunization Department
  - Windsor Office: 1005 Ouellette Avenue, Windsor
  - Leamington Office: 33 Princess Street, Leamington

To protect personal health information, please *do not mail these records to the WECHU.*

### Friendly Reminders

- Vaccines help keep your family and our community healthy.
- Each time your child receives a vaccine from their health care provider or at a walk-in clinic, ask for a record of the vaccine(s) received.
- Talk to your health care provider to find out what vaccines are recommended for your family (e.g. annual flu vaccine).

### More Information

- Ontario's Publicly Funded Immunization Schedule: [www.ontario.ca/page/ontarios-routine-immunization-schedule](http://www.ontario.ca/page/ontarios-routine-immunization-schedule)
- Child Care and Early Years Act (CCEYA): <https://www.ontario.ca/laws/statute/14c11>
- Immunization of School Pupils Act (ISPA): <https://www.ontario.ca/laws/statute/90i01>